MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH, FORM PTO-875)

SERIAL NO. 10/579753 APPLICANT(S)

FILING DATE

5/18/06 CLAIMS														
APPED APPED														rep
	AS FILED		I"AMENDMENT		2 AMENDMENT				AS FILED		AFIEK 1 AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.		DEP.
1		·					1	51						
3	<u> </u>			 	 		ł	52 53						
4		 		 			i	54	· · · · · ·					
5	1						1	55						
6	<u> </u>			 - -			ł	56						
7	 			 	ļ. —		i	57 58						ļ
9			1				1	59						
10							1	60						•
11		ļ		ļ				61						
13								62 63						
14							1	64						
15							1	65						
16 17	-				<u> </u>			66						
18	1			—				67 68				 		-
19								69						
20								70						
21								7 <u>1</u>						
23								73						
24								74						
25 26								75						
27								76 77						
28							1	78						
29					/			79						
30 31								80						
32								81 82						
33								83						
34 35								84		•				
36								85 86						
37						•		87						
38								88						
39 40								89						
41								90 91						
42								92		•				
43								93						
45							ļ	94						
46							ł	95 96						
47							ľ	97						
48							I	98						
49 50	-						ļ	99						
TOTAL			- / 	-			ŀ	100 TOTAL		1				_ -
IND. TOTAL		_		▼		.▼	L	IND.		₩ [₩ [♣
DEP.		(-	5	(-		4		DEP.		+ [+ [+
TOTAL CLAIMS			4	77			ı	TOTAL CLAIMS					. 15	
PTO-1349	(REV. 11/04)					السيحييين			t	S DEPART		MMERCE		
-						_				stest and Tr	soemark Offi	COR		